

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 JUL 21 AM 10:40
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Will Of The People PAC

ADDRESS (number and street) 7209 E WT Harris Blvd Suite J222

Check if different than previously reported. (ACC) Charlotte NC 28227

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00619130

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert A. Havelles III

Signature of Treasurer *Robert A. Havelles III* Date 07 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Will of the People PAC

Report Covering the Period:

From:

04 / 01 / 2016

To:

08 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2016</i>	<i>2,000</i>	<i>2,000</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>20,000</i>	
(c) Total Receipts (from Line 19).....	<i>500</i>	<i>500</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>20,500</i>	<i>20,500</i>
7. Total Disbursements (from Line 31).....	<i>49</i>	<i>49</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>20,451</i>	<i>20,451</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>000</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>000</i>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Will of the People PAC

Report Covering the Period: From: 04 / 01 / 2016 To: 06 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5.00	5.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5.00	5.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5.00	5.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5.00	5.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5.00	5.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	049	049
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	049	049
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49	49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	49	49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page:	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Will of the People PAC

Full Name (Last, First, Middle Initial) <i>[Redacted]</i>		Date of Disbursement MM/DD/YYYY <i>06/18/2016</i>	
A. Mailing Address <i>P.O. Box 84314</i>		Amount of Each Disbursement this Period <i>49</i>	
City: <i>Baton Rouge</i> State: <i>LA</i> Zip Code: <i>70884</i>			
Purpose of Disbursement <i>Administrative Costs</i>		<input type="checkbox"/> Memo Item	
Candidate Name <i>N/A</i>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		MM/DD/YYYY	
City: _____ State: _____ Zip Code: _____		Amount of Each Disbursement this Period	
Purpose of Disbursement		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		MM/DD/YYYY	
City: _____ State: _____ Zip Code: _____		Amount of Each Disbursement this Period	
Purpose of Disbursement		<input type="checkbox"/> Memo Item	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	<i>49</i>
TOTAL This Period (last page this line number only).....▶	<i>49</i>

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Will of the People PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Will of the People PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="000"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="000"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input type="text" value="000"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="000"/>

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... 100.00 %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
WOM of the People PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %

2010-07-07 10:00:00 AM

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Will of the People PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	0.00

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Will of the People PAC

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address: *Anedote*
 City: *Baton Rouge* State: *LA* Zip Code: *70884*
 Purpose of Disbursement: *Admin. Costs*
 Activity or Event Identifier:
 Category/Type:
 Date: *06 / 18 / 2016*

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address:
 City: State: Zip Code:
 Purpose of Disbursement:
 Activity or Event Identifier:
 Category/Type:
 Date:

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address:
 City: State: Zip Code:
 Purpose of Disbursement:
 Activity or Event Identifier:
 Category/Type:
 Date:

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 + =

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="49"/>		<input type="text"/>		<input type="text" value="49"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="49"/>		<input type="text"/>		<input type="text" value="49"/>

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Will of the People PAC

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID

iii) **GOTV**
Total Amount Transferred for GOTV

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID

iii) **GOTV**
Total Amount Transferred for GOTV

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Will of the People PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date		
		<input type="text"/>		
City	State	Zip Code	Date	
			<input type="text"/>	<input type="text"/>
Purpose of Disbursement		Category/Type		
		<input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date		
		<input type="text"/>		
City	State	Zip Code	Date	
			<input type="text"/>	<input type="text"/>
Purpose of Disbursement		Category/Type		
		<input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date		
		<input type="text"/>		
City	State	Zip Code	Date	
			<input type="text"/>	<input type="text"/>
Purpose of Disbursement		Category/Type		
		<input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>	<input type="text"/>

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOTAL This Period for the Levin Share			
		<input type="text"/>	

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	<i>Will of the People PAC</i>
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Will of the People PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

/ /

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2015 RELEASE UNDER E.O. 13526

SCHEDULE L-B (FEC Form 3X)

**ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)
Will of the People PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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PREPARER  7/21/16
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